



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/655,054	<b>FILING DATE</b> 09/05/2000 <b>RULE</b> -	<b>CLASS</b> 473	<b>GROUP ART UNIT</b> 3711	<b>ATTORNEY DOCKET NO.</b> 122.1.1/USA
<b>APPLICANTS</b> John L. Shannon JR., Orono, MN ; <b>** CONTINUING DATA *****</b> GK AAH <b>** FOREIGN APPLICATIONS *****</b> OK AAH				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/25/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>AAH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> James W Miller Attorney at Law Suite 1005 Foshay Tower 821 Marquette Avenue Minneapolis ,MN 55402				
<b>TITLE</b> Telescopic singles stick				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 7269

SERIAL NUMBER 09/655,054	FILING DATE 09/05/2000  RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 122.1.1/USA	
<b>APPLICANTS</b> John L. Shannon JR., Orono, MN;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/25/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> James W Miller Attorney at Law Suite 1005 Foshay Tower 821 Marquette Avenue Minneapolis , MN 55402					
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FILING FEE  RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		